Introduction

Source:
Full details of the curriculum are found in 'CCT in Anaesthetics – Intermediate Level Training (Annex C) Edition 2, Version1.5' (http://www.rcoa.ac.uk/CCT/AnnexC).

This assessment guide is based on 'Assessment Guidance (2010 Curriculum) Edition 2 Version 2'(http://www.rcoa.ac.uk/document-store/cct-anaesthetics-assessment-guidance-2010) and the 'Assessment Blueprint Edition 2 Version1.5' (http://www.rcoa.ac.uk/document-store/blueprints-assessments-2010-curriculum).

Key points:

CT1/2 covers 24 months training and includes:

- 18 months General training including the Introduction to Anaesthetic Practice
- 3 months ICM
- 3 months obstetric anaesthesia

Introduction to Anaesthetic Practice (0-6 months)

This section of the curriculum lists Core Clinical Learning Outcomes (CCLO) for:

Pre-operative Assessment
Premedication
Induction of General Anaesthesia
Intra-operative Care
Post-operative and Recovery Room Care
Introduction to Anaesthesia for Emergency Surgery
Management of Respiratory and Cardiac Arrest
Control of Infection

This section is assessed by the **Initial Assessment of Anaesthetic Competency (IAC).**
All 19 individual assessments listed on the IAC Certificate must be completed:
A-CEX x 5 DOPS x 6 CBD x 8
The same clinical case may be used for more than one assessment but 19 separate forms must be completed.
Any consultant who is trained in WPBAs can sign off the individual assessments.
The **IAC Certificate** is signed by two consultants, one of whom should be the Educational Supervisor.

Completion of Unit of Training (CUT) Forms are also required for the overall sign-off of each unit of the Basis of Anaesthetic Practice. They can be signed off by a designated consultant clinical supervisor, taking into account the following:

- Demonstration of all the Core Clinical Learning Outcomes identified for that unit in the 2010 curriculum
- Logbook
- Satisfactory number of successful WPBAs
- MSF or Consultant Feedback (see below)

Core Anaesthesia (6-24 months)

To complete core level training, the trainee must demonstrate the CCLOs and successfully complete the **minimum** number of assessments for the remaining units, as outlined below:

	A-CEX	DOPS	CBD	MISC.	CUT
Airway Management	1	1	1		Y
Critical Incidents	1	1	1		Y
Day Surgery	1	1	1		Y
Gen/Uro/Gyn Surgery	1	1	1	ALMAT	Y
Head & Neck/Maxillo-facial/Dental Surgery	1	1	1		Y
ICM *	1	1	1	MSF+ACAT	Y
Non-theatre	1	1	1		Y
Obstetrics (IACOA)	3	3	6		
Obstetrics	1	1	1		Y
Orthopaedic Surgery	1	1	1		Y
Paediatrics	1	1	1	L1 Child protection	Y
Pain Medicine	1	1	1		Y
Perioperative medicine	1	1	1		Y
Regional	1	1	1		Y
Sedation	1	1	1		Y
Transfer Medicine	1	1	1		Y
Trauma & Stabilisation	1	1	1		Y

To avoid the total number of assessments in this section becoming excessive, it has been agreed that a single WPBA can be mapped against the competencies of more than one unit of training, if the clinical content allows.
i.e. each CUT form should not require **separate** A-CEX, DOPS and CBD.
Some units tend to map together in terms of assessment:
e.g. A-CEX on regional block: Orthopaedics & Regional & Trauma/Stabilisation
CBD on Sedation for CT Transfer: Non-theatre/Sedation/Transfer Medicine

The Clinical Supervisor signing a CUT form must decide if sufficient WPBAs have been appropriately mapped to that unit.

*__ICM__ these are the minimum number of WPBA's required. There are 25 mandatory competencies to be obtained, and whereas careful mapping may allow all 25 to be evidenced with 4 WPBA's, more may be needed.
See annexe F for further details http://www.rcoa.ac.uk/system/files/TRG-CCT-ANNEXF_0.pdf assessments should be discussed with the ICM tutor.

Critical Incidents: The use of simulation, such as the 'Anaesthetic Critical Incident Drills (ACID) package, will aid teaching and assessment in this area.

Obstetrics: Two components must be successfully completed at basic level. Firstly, **all** components of the **Initial Assessment of Competence in Obstetric Anaesthesia** (IACOA) i.e. A-CEX x 3, DOPS x 3, CBD x 6, to allow the trainee to go on-call. Secondly, meet all the CCLOs, a further minimum A-CEX x 1, DOPS x 1, CBD x 1, and the CUT form, during a period on the on-call rota.

Multi-Source Feedback

MSF must be completed **annually**.
MSF from an ICM block counts as the MSF for that year, but if no ICM block occurs a General Theatre MSF is completed.
15 forms are sent out to a list of colleagues approved by the Educational Supervisor or College Tutor.
A minimum of 8 returns are required, which must include consultants.
A satisfactory **MSF Summary Form** must be submitted with the Educational Supervisor's Report for a satisfactory ARCP and **this is the trainee's responsibility.**
Please note the MSF can take several weeks to complete so must be started well in advance of the ARCP submission date.

Consultant Feedback

Consultant feedback is organised by the College Tutor using the 'West of Scotland School of Anaesthesia Consultant Feedback Forms'. Consultant feedback needs to be done annually in core training. Forms are completed by all consultants in the department to assess global aspects of professionalism and ability to perform in the post at the expected level. Consultants return the forms to the College Tutor for collating and feedback to the trainee.
A satisfactory **Consultant Feedback Summary Form,** available from the College Tutor, must be submitted with the Educational Supervisor's Report for a satisfactory ARCP and **this is the trainee's responsibility.**

The Core Level Training Certificate and ARCP

The Core Level Training Certificate (CLTC) can be issued when the trainee has successfully completed all of the above, and passed all components of the Primary FRCA.

Progress towards the CLTC will need to be evidenced at the CT1 ARCP.
It would be appropriate to set year 1 objectives that cover about half the curriculum/relevant assessments, for example:

- IAC
- ICM

- Critical Incidents
- Progress towards several other units eg. Pain, Non-theatre (CT transfer).

ACCS Year 2 Trainees from Emergency Medicine and Acute Medicine

ACCS Year 2 trainees from Emergency Medicine and Acute Medicine, whilst attached to Anaesthesia and ICM, must complete the eight units of **The Introduction to Anaesthesia (**listed above).

Most trainees should achieve this in a 6 month attachment to anaesthesia.
Trainees who do a 3 month attachment in anaesthesia will require time out of their 9 months in ICM to complete this.

The minimum number of assessments required to cover the eight units of The Introduction to Anaesthesia, will be those comprising the **Initial Assessment of Competency (IAC)** (described above).

Completion of Unit of Training (CUT) Forms (described above) are also required for the 8 units of The Introduction to Anaesthesia.
The CUT forms will require satisfactory **Consultant Feedback** (described above) for these units to be successfully completed.

Once the above assessments are completed, trainees may obtain WPBAs for overall ACCS programme competencies using their own base specialty forms e.g. Critical incidents. The core anaesthesia units transfer medicine and sedation have been highlighted as optional units for ACCS trainees.

See ACCS website for further details: http://www.rcoa.ac.uk/accs

ACCS Year 2 Trainees Based in Anaesthesia

ACCS Year 2 trainees based in Anaesthesia will generally do 6 months in anaesthesia and 6 months ICM. ACCS anaesthesia trainees must have completed 18 months of anaesthesia by the end of the 3 years ACCS training. **They should complete assessments as for Anaesthetic CT1 trainees**. During the ICM attachment, it should be possible to gain competencies and WPBA for related units of training such as transfer medicine, non-theatre and trauma & stabilisation.

Quality Improvement and Clinical Audit

Quality Improvement (QI) and Clinical Audit is an essential duty which helps improve patient care and provision of anaesthetic services.

During CT1/2 trainees are expected to participate in a QI or audit project each year to help develop their skills and progress successfully through their training.

At the end of this training the learner will:

1. Consolidates understanding of Quality Improvement principles
2. Demonstrates enhanced knowledge and skills of Improvement Science

Assessment:

1. Has participated in a QI or Audit project
2. Presentation of a QI or Audit project (case study, oral or poster presentation)
3. Has recorded satisfactory attendance at local audit, M & M, MDT and journal club meetings

Research Guide

At the end of this training the learner will understand the basic principles of clinical research and will know the ethical and organisational steps needed to initiate a project.

Assessment:

1. Reflective portfolio of attendances at any research meetings

Teaching

During CT1/2 all trainees should develop the skills necessary to teach and train other doctors. This includes developing excellent theatre teaching in the course of clinical supervision and delivering a variety of presentations on a variety of topics.

Assessment:

1. Appropriate reports from educational supervisor and consultant/SAS trainers
2. Portfolio recording their engagement in teaching and learning; including reflections
3. Record of participation in their institutions formal educational meetings and teaching
4. Feedback on teaching delivered, including own reflections
5. A-CEX relating to their own teaching and supervision of a more inexperienced trainee
6. CBD on selected education topics

Management

Core training introduces the trainee to the consultant's role in departmental management. It is acknowledged that opportunities for trainees to undertake tasks

within the departmental management are few and that many will not have an opportunity to demonstrate their skills in practice.

In this field no distinction is made between the capabilities of basic and intermediate training and no assessment is required beyond the reports of supervising consultants and MSF